

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

10449

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township **St. Louis** Primary Registration District No. **1003**
 City **St. Louis** (No. **City of St. Louis**)

File No.....
 Registered No. **5044**
 St. Ward

2. FULL NAME

(a) Residence. No. **576 P. Henderson** 18. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred **20** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 18 - 1864**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 11 23

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Laborer.**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

10. NAME OF FATHER **John Gannon**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

12. MAIDEN NAME OF MOTHER **Mary Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

14. INFORMANT (Address) **Charles J. Gannon City of St. Louis**

15. FILED **MAR 30 1927** **Mar 6 1927** Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 11 1927**

17. I HEREBY CERTIFY That I attended deceased from **March 7 1927** to **March 11 1927** that I last saw him alive on **March 11 1927** and the death occurred, on the date stated above, at **6-0-27** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Felium Tenuis
Terminis
109A
9-1/4 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) **100%** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **S. Gannon** M.D.
3/27, 1927 (Address) **City of St. Louis**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **to Albany** DATE OF BURIAL **3-30 1927**

20. UNDERTAKER **Arthur J. Donnelly** ADDRESS **2039 North 4**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Simon